### **TOWN OF NARRAGANSETT**



Police Department \* 40 Caswell St \* Narragansett, RI 02882 \* Chief Dean Hoxsie Telephone 401-789-1091 TDD 401-782-0661

# **Application for Employment**

## Please print information and complete front and back of application

| Position Applied For  |  | Date of Application   |  |
|---|--|---|--|
| Last Name   | First Name   | First Name Middle I   |  |
| Address   | City   | State   | Zip Code   |
| Telephone Number  | Cell Phone Number  | r Social Se   | ecurity Number   |
| Please answer the followi   | ng questions:  | ad i taman tanaha iri da iri da iri kari kan kanan dalam da ana   | m salas mada adala salas s |
| Have you ever filed an app<br>Are you currently employed<br>May we contact your press<br>Are you prevented fromlay<br>of Visa or Immigration State<br>Proof of citizenship or imm<br>On what date would you be<br>Are you available to work:<br>Are you currently on "lay-of<br>Can you travel if a job requested of<br>Conviction will | ent employer? wfully becoming employed itus? nigration status will be require available to work? Full Time Part Time off" status and subject to re- uires it? f a felony within the last 7 years | yes, give datein this country because ired upon employment Shift Workcall? ears? n applicant from emplo | yes/no yes/no yes/no  Temp yes/no yes/no yes/no  |
| Education   |  |   |  |
| High School   | Years Completed  | Graduat   | ion Date   |
| Name of School  | Course of Study  | Years Completed   | Graduation Date  |
| Name of School  | Course of Study  | Years Completed   | Graduation Date  |

## **Employment History**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicates race, color, religion, gender, national origin, disabilities or other protected status.

| Employer/Company Nam | ne Supervisor Name | Telephone Number       |
|----------------------|--------------------|------------------------|
| Employer Address     |                    |                        |
| Job Title            | Hourly Rate/Salary | Dates Employed To/From |
| Reason for Leaving   |                    |                        |
| Employer/Company Nam | e Supervisor Name  | Telephone Number       |
| Employer Address     | . ·                |                        |
| Job Title            | Hourly Rate/Salary | Dates Employed To/From |
| Reason for Leaving   |                    | · ·                    |
| <u>References</u>    |                    |                        |
| Name                 | Address            | Phone Number           |
| Name                 | Address            | Phone Number           |

Please attach additional information that you would like to be considered in review of your application.

The Town is participating in Worker's Compensation System (Comp. Law28-29-6.2). Injured employee has freedom to choose medical treatment initially.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, disability, marital or veteran status, sexual orientation, or any other legally protected status.

| Ann | lica  | nt's | State | me   | nt: |
|-----|-------|------|-------|------|-----|
|     | ,,,,, |      | Julic | 1110 | 116 |

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" anture, which means that the employee resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my, application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

| changed by any written document or by conduction acknowledged in writing by an authorized executemployment, I understand that false or misleadifinterview(s) may result in discharge. I understand rules and regulations of the employer. | tive of this organization. In the event of ng information given in my, application or |
|---|---|
| Signature of Applicant  | Date  |
|   |   |

#### Sec. 38-23. - Qualifications for appointment to the police department.

- A candidate for initial appointment to the police department, excluding the office of chief of police, must meet the following minimum qualifications:
  - (1)Must be a citizen of the United States;
  - (2)Must be a resident of the state upon appointment;
  - (3) Must be between the ages of 20 and 31 upon appointment;
  - (4) Height must be proportionate to weight;
  - Vision must be not less than 20/30 correctable to 20/20 and must be able to distinguish colors:
  - (6) Must have a valid unrestricted state driver's license upon appointment;
  - Must have a minimum of 60 college credit hours or two consecutive years of honorable active duty military service.
- Each candidate meeting the above minimum qualifications will be required to take a validated written examination administered by the department. A passing grade of not less than 70 percent is required in order to continue with the application process.
- Each candidate passing the written examination must pass the physical agility test as mandated and administered by the Police Officers Commission on Standards and Training.
- A minimum of the top 15 successful candidates who have passed the written examination and physical agility test shall be subjected to a three-person oral board made up of persons from outside the department. A maximum score of 30 percent will be awarded by the oral board. Nothing contained in this section shall prohibit the town from including more than 15 candidates in the oral board.
- Each successful candidate will be investigated by the detective unit as to his background and eligibility to be appointed to the department. Successful candidates will be required to submit proof of:
  - (1) High school graduation or GED certification;
  - (2)Birth certificate:
  - (3) Driver's license:
  - (4) Military discharge, if any;
  - Proof of state residency.

Each candidate will be required to submit appropriate waivers of any confidential information so that the investigating officers can conduct a full and complete background investigation.

- An eligibility list of successful candidates will be established. The list will be finalized on the following:
  - .(1).. Written examination maximum score of 700 points .....70 percent
  - (2) Oral board maximum score 300 points .....30 percent
  - (3) Physical fitness test .....pass/fail
  - (4) Background investigation .... pass/fail
  - Personal interview by chief of police, executive officer and director of public safety .....pass/fail

A maximum of 1,000 points will be awarded to establish the final list which will be computed down to a percentage of thousands of a percent.

- When the final list is established and prior to appointment, each candidate will be required to submit to and pass a physical examination administered by the police surgeon and a psychological examination as defined by state statute law. The physical examination will be graded as: recommended for appointment or not recommended for appointment. The psychological evaluation will be graded below, average or above average. Candidates graded not recommended or below average will not be considered for appointment and will be struck from the final list for appointment.
- A candidate has the right of appeal on any part of the testing procedure to the chief of police and the director of public safety. Their decision will be final.
- The appointment of candidates from the finalized list will be subject to the hiring practices as set forth by the town Charter and ordinances of the town.

| (Code 1900, 9 11-10; Cit. 804, 9 1, 7-18-2005)     |      |       |            |
|--|------|-------|------------|
| State law reference- Qualifications and standards, | G.L. | 1956. | § 42-28.2- |



# TOWN OF NARRAGANSETT Police Department •40 Caswell Street • Narragansett, RI 02882• Chief Dean Hoxsie Tel. (401) 789-1091 TDD (401) 782-0661

## POLICE DEPARTMENT Fax No. (401) 783-6201

# FITNESS TEST MEDICAL CERTIFICATE

| Dear Physician:  |  |  |  |  |
|--|--|--|--|--|
| The following named individual has the Narragansett Police Departmen   | as submitted an application to become a P<br>nt.   | olice Officer with   |  |  |
| Candidate Name:  | Date of Birth:State:   |  |  |  |
| Address:   | Town/City:   | State:   |  |  |
| Training Academy (RIDPS/MPTA) red<br>Certificate to the Physical Fitness Test<br>must be obtained from a licensed phys<br>undergo a Physical Fitness test. The Fit<br>months of the Physical Fitness testing of<br>Attached to this form is a listing of the | and the Rhode Island Department of Public Sat<br>quires each candidate to bring a completed Ph<br>before he/she will be allowed to participate ir<br>sician that the candidate is of sufficient physica<br>tness Test Medical Certificate <u>must</u> be comple<br>date.<br>Eminimum physical fitness standards a candid<br>in these criteria. Thank you for your assistance   | ysical Fitness Test In the test. A statement I conditioning to Ited within six (6) I ate must attain. We |  |  |
| <u>PF</u>  | HYSICIAN'S STATEMENT   |  |  |  |
| After reviewing each of the four (4)   | individual on  | physical   |  |  |
| Comments (if any):   |  | <u>.</u>   |  |  |
| Physician's Signature  | -  |  |  |  |
| (Please type or print:)  |  |  |  |  |
| Physician's Name:  | ····   |  |  |  |
| Address:   | ALAMANIA MARTANET TO THE TOTAL THE TOTAL TO THE TOTAL TOT |  |  |  |
| Telephone Number:  |  |  |  |  |

Effective January 1, 2013

| 1 N<br>e<20<br>9.0<br>5.0<br>Mile<br>e<20 | /linute<br>20-29<br>29.0<br>15.0             | 11.0   | Up<br>40-49<br>18.0<br>9.0<br>Power  | 50-59<br>13.0<br>n/d  |  |
|---|--|--|--|---|--|
| e<20<br>9.0<br>5.0<br><b>Mile</b><br>e<20 | 20-29<br>29.0<br>15.0<br><b>Run-</b>         | 30-39<br>24.0<br>11.0<br><b>Aerobic</b>  | 40-49<br>18.0<br>9.0<br><b>Power</b>   | 13.0<br>n/d   |  |
| 9.0<br>5.0<br><b>Mile</b><br>e<20         | 29.0<br>15.0<br><b>Run-</b>                  | 24.0<br>11.0<br><b>Aerobic</b>   | 18.0<br>9.0<br><b>Power</b>  | 13.0<br>n/d   |  |
| 5.0<br><b>Mile</b><br>e<20                | 15.0<br>Run-A                                | 11.0   | 9.0<br>Power   | n/d   |  |
| Mile <20 2                                | Run-A  | Aerobio  | Power  |   |  |
| e<20 2                                    |  | <u> </u>   |  | 50-59   |  |
|   | 20-29  | 30-39  | 40-49  | 50-59   |  |
|   |  |  | 1  |   |  |
| .:38   .                                  | 12:38  | 12:58  | 13:50  | 15:06   |  |
| :50                                       | 14:50  | 15:43  | 16:31  | 18:18   |  |
| 1 Minute Sit-up test                      |  |  |  |   |  |
| e<20 2                                    | 20-29  | 30-39  | 40-49  | 50-59   |  |
| 1.0                                       | 38.0   | 35.0   | 29.0   | 24.0  |  |
| 2.0                                       | 32.0   | 25.0   | 20.0   | 14.0  |  |
| 300 Meter Run                             |  |  |  |   |  |
| <20 2                                     | 20-29  | 30-39  | 40-49  | 50-59   |  |
| 0.0                                       | 59.0   | 58.9   | 72.0   | 83.2  |  |
| 0   | 71.0   | 79.0   | 94.0   | n/d   |  |
|   | 1 Mi<br>2<20 2<br>1.0<br>2.0<br>30<br>2<20 2 | 14:50<br>1 Minute S<br>2-20 20-29<br>1.0 38.0<br>2.0 32.0<br>300 Met<br>2-20 20-29<br>1.0 59.0 | :50       14:50       15:43         1 Minute Sit-up to section of the section of | :50       14:50       15:43       16:31         1 Minute Sit-up test         2       20-29       30-39       40-49         1.0       38.0       35.0       29.0         2.0       32.0       25.0       20.0         300 Meter Run         2       20-29       30-39       40-49         0.0       59.0       58.9       72.0 |  |